

FILED MAY 23 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2023

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1316 E 61
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Sarah S. Mathis
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive years 1859
7. Birth date of deceased (Month) Dec 8 (Day) 8 (Year)

8. AGE: Years 84 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Paris Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name McCurdy Hall
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Mary Perry
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant J. H. E. Mathis

(b) Address 1316 E 61

17. (a) Removal (b) Date thereof 5-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prior Mo.

18. (a) Signature of funeral director Edna Brown

(b) Address 1416 Main Ave

19. (a) 5-9-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Mountain View
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. D. #2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-27
1944 to 5-9-44, 1944
that I last saw her alive on 5-9-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 1 mon

Due to Cholecystitis & Hepatitis 3 mo
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 93d
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? Means of injury 2
23. Signature H. E. Brown (M. D. or other) 80
Address 243 W. Kirby Blvd Date signed 5-9-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

O. H. Beckwith

Licensed Embalmer No. *3937*

P. O. Address.....

Kans City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.